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From pursuant to the Consolitated Appropriations Act, 2005 (M.R. delits) ARC920030058U31	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)			
Application Number 10/720,962 Filed November 24, 2005 For Magnetic Tunnel Junctions With Improved Tunneling Magneto-Resistance Art Unit 2815 Examiner J.H. Nguyen This is a request under the provisions of 37 CFR 1.198(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time parted desired and enter the appropriate fee below): Fee Small Entity Fee One month (37 CFR 1.17(a)(1)) 5120 \$50 \$ Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$ Three months (37 CFR 1.17(a)(3)) \$1020 \$510 \$ Four months (37 CFR 1.17(a)(4)) \$1590 \$796 \$ Five months (37 CFR 1.17(a)(6)) \$2160 \$1080 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. 11/81/2885 MBINAS 88888817 18728962 The Director is hereby authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to beposit Account Number WARNING: Information and authorization on PTO-2038. I am the applicant/Inventor. accigned of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. To be posit Account number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. To be posit Account number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. To be positive imperiators are assignees of record of the entire interest or fault representative(e) are required. Submit multiple f	FY 2005						
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This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filling a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee	Art Unit 28	Art Unit 2815					
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WARNING: Information on this form may become public, Credit card information should not be included on this form. I am the	The Dire	ector is hereby authorized to charge a	any fees which may be	required, or credit a	DV OVERDOVIMENT to		
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USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the cumpleted application form to the USPTO. The will vary depending upon the individual case. Any commerts on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.